e surefy /	PENALTY	47PG0218C0003	PS36	
e suretvi	PENALTY			August 6, 2020
tend to the insent, the	co-sureties) consents (consent) to the foregoing contract e contract as modified or amended. The principal and su e penalty of the performance bond or bonds is increased.	modification and agrees (a frety (co-sureties) further ag Forly Million Five Hundred Twelve Tho by One Hundred Twenty Three & 71/100 usend.	gree) that its (their) bond or bor ree that on or after the executions and dollars (\$40,512,123.71	
	t bond or bonds is increased by Forty Million Five Hundred Twelve The One Hundred Twenty Three & 71/100 ety resulting from this consent shall not exceed the sums). However, the increas	se of the liability of
5 NAME OF SURETY(IES)			6 INCREASE IN LIABILITY LIMIT UNDER PERFORMANGE BOND	7. INCREASE IN LIABILITY LIMIT UNDER PAYMENT BOND
A. Travelers Casualty and Surety Company of America			\$40,512,123.71	\$40,512,123.71
B.			\$	\$
€ .				\$
	A BUSINESS ADDRESS	B. SIGNATURE		
8.INDIVIDUAL PRINCIPAL		D. DATE THIS CONSENT EXECUTED		(Affix:Seal)
Ryan Companies US, Inc. 533 South 3rd Street, Suite 100 Minneapolis, MN 55415 PRINCIPAL		(Affix Corporate) D. DATE: THIS CONSENT EXECUTED 8/31/20		(Affix Corporate Seal)
rincipal o entative (-of-Attorn	r authorized representative shall execute this Consent of e.g., attorney-in-fact) that signs the consent is not a mem ey or a Certificate of Corporate Principal must accompan	Surety and increase of Pen ber of the partnership, or joi y the consent.	ally with the modification to whi nt venture, or an officer of the c	ch it pertains. If the corporation involved, a
A. CORPORATE/INDIVIDUAL SURETY'S NAME AND ADDRESS Travelers Casualty and Surety Company of America One Tower Square Hartford, CT 06183		By C. TYPED NAME AND TITUE Joshua R. Loftis Attorney-in-Fact D. DATE THIS CONSENT EXECUTED 08/28/2020		(Affix Seal)
A. CORPORATE/INDIVIDUAL SURETY'S NAME AND ADDRESS		BY G. TYPED NAME AND TH	LE	(Affix Seal)
A. CORPORATE/INDIVIDUAL SURETY'S NAME AND ADDRESS		B. PERSON EXECUTING BY C. TYPED NAME AND TH	CONSENT (Signafute) LE EXEGUTED	(Affix Seal)
Fig. Tra	rincipal o cipal. rincipal o contative (of-Attorn CORPORA avelers avelers artford,	A. CORPORATE NAME AND BUSINESS ADDRESS Ryan Companies US, Inc. 533 South 3rd Street, Suite 100 Minneapolis, MN 55415 CIPAL Incipal or authorized representative shall execute this Consent of entative (e.g., attorney-in-fact) that signs the consent is not a mem of-Attorney or a Certificate of Corporate Principal must accompand to CORPORATE/IND CORPORATE/INDIVIDUAL SURETY'S NAME AND ADDRESS avelers Casualty and Surety Company of America ne Tower Square artford, CT 06183 CORPORATE/INDIVIDUAL SURETY'S NAME AND ADDRESS CORPORATE/INDIVIDUAL SURETY'S NAME AND ADDRESS	A. CORPORATE NAME AND BUSINESS ADDRESS Ryan Companies US, Inc. 533 South 3rd Street, Suite 100 Minneapolis, MN 55415 TIMENAM M. C. TYPED NAME AND TI TO DATE THIS CONSENT TO A Certification of Corporate Principal must accompany the consent. 10. CORPORATE INDIVIDUAL SURETY S NAME AND ADDRESS avelers Casualty and Surety Company of America the Tower Square artford, CT 06183 CORPORATE INDIVIDUAL SURETY'S NAME AND ADDRESS EXPERIMENTAL SURETY S NAME AND ADDRESS B. PERSON EXECUTING D. DATE THIS CONSENT D. DATE THIS CONSENT D. DATE THIS CONSENT D. DATE THIS CONSENT	A CORPORATE NAME AND BUSINESS ADDRESS Ryan Companies US, Inc. 533 South 3rd Street, Suite 100 Minneapolis, MN 55415 C. TYPED NAME AND TITLE B. PERSON EXECUTING ROMSENT (Rignature) C. TYPED NAME AND TITLE B. PERSON EXECUTING ROMSENT (Rignature) C. TYPED NAME AND TITLE C. TYPED NAME AND TITLE B. PERSON EXECUTING ROMSENT (Rignature) C. TYPED NAME AND TITLE TO DATE THIS CONSENT EXECUTED 3/2/1/20 TO CORPORATE INDIVIDUAL SURETY SNAME AND ADDRESS AVEIETS Casualty and Surety Company of America TO CORPORATE INDIVIDUAL SURETY (SO SURETIVE NAME AND ADDRESS AVEIETS CASUALTY OF THE STANDARD CONSENT (Signature) D. DATE THIS CONSENT EXECUTED 08/28/2020 B. PERSON EXECUTING CONSENT (Signature) BY C. TYPED NAME AND TITLE D. DATE THIS CONSENT (Signature) BY C. TYPED NAME AND TITLE D. DATE THIS CONSENT (Signature) BY C. TYPED NAME AND TITLE D. DATE THIS CONSENT (Signature) BY C. TYPED NAME AND TITLE D. DATE THIS CONSENT (Signature) BY C. TYPED NAME AND TITLE D. DATE THIS CONSENT EXECUTED D. DATE THIS CONSENT (Signature) BY C. TYPED NAME AND TITLE D. DATE THIS CONSENT EXECUTED D. DATE THIS CONSENT EXECUTED D. DATE THIS CONSENT (Signature)



Travelers Casualty and Surety Company of America Travelers Casualty and Surety Company St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Str. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Joshua R. Loftis of MINNEAPOLIS

Minnesota , their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 3rd day of February, 2017.







State of Connecticut

City of Hartford ss.



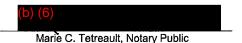
On this the **3rd** day of **February**, **2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2021

full force and effect, reading as follows:





This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Secretary, any Assistant Vice President, any Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this

28th

day of

August

2020







(b) (6)

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.